

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Date:: 10/01/01  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?: NONE  
Sequence Submission?: PAPER  
Title:: ASPARTOACYLASE GENE, PROTEIN,  
AND METHODS OF SCREENING FOR  
MUTATIONS ASSOCIATED WITH  
CANAVAN DISEASE  
  
Attorney Docket Number:: SHUTT-1 C1  
Total Drawing Sheets:: 13

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: U.S.A.  
Status:: FULL CAPACITY  
Given Name:: Reuben  
Family Name:: Matalon  
City of Residence:: Coral Gables  
State or Province of Residence:: Florida  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 640 Destacada Avenue  
City of Mailing Address:: Coral Cables  
State or Province of Mailing Address:: Florida  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 33156  
  
Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: India  
Status:: FULL CAPACITY  
Given Name:: Rajinder  
Family Name:: Kaul  
City of Residence:: Miami  
State or Province of Residence:: Florida  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 7305 S.W. 123rd Street  
City of Mailing Address:: Miami  
State or Province of Mailing Address:: Florida  
Country of Mailing Address:: U.S.A.

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Postal or Zip Code of Mailing Address:: 33156  
Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: China  
Status:: FULL CAPACITY  
Given Name:: Guang  
Middle Name:: Ping  
Family Name:: CAO  
City of Residence:: Miami  
State or Province of Residence:: Florida  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 9682 Fountainbleu Blvd., #405  
City of Mailing Address:: Miami  
State or Province of Mailing Address:: Florida  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 33172

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: India  
Status:: FULL CAPACITY  
Given Name:: Kuppareddi  
Family Name:: Balamurugan  
City of Residence:: Miami  
State or Province of Residence:: Florida  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 6150 S.W. 40TH Street, Apt. A-7  
City of Mailing Address:: Miami  
State or Province of Mailing Address:: Florida  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 33155

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: U.S.A.  
Status:: FULL CAPACITY  
Given Name:: Kimberlee  
Family Name:: Michals-Matalon  
City of Residence:: Coral Gables  
State or Province of Residence:: Florida  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 640 Destacada Avenue  
City of Mailing Address:: Coral Gables  
State or Province of Mailing Address:: Florida  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 33156

# DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/128,020	09/29/93

## ASSIGNMENT INFORMATION

Assignee Name::	Miami Children's Hospital Research Inst.
Street of Mailing Address::	6125 S.W. 31st Street
City of Mailing Address::	Miami
State or Province of Mailing Address::	Florida
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	33155

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